to shape the way we think about the right to medical care, health care justice, and our global relationships and responsibilities. It has also focused on the need to make essential medicines available—a matter of much attention in the ongoing Trans-Pacific Partnership trade discussions—and to build robust networks of medical professionals and community health workers.

Today, PEPFAR continues to partner with countries that rely on the United States to show leadership in meeting ongoing needs and challenges. While we can celebrate its successes today, we cannot be complacent. The fight against AIDS is a fight for global health, and it is one that we must continue to support.

[From the New England Journal of Medicine, June 6, 2013]

HOW AIDS INVENTED GLOBAL HEALTH

(By Allan M. Brandt, Ph.D.)

Over the past half-century, historians have used episodes of epidemic disease to investigate scientific, social, and cultural change. Underlying this approach is the recognition that disease, and especially responses to epidemics, offers fundamental insights into scientific and medical practices, as well as social and cultural values. As historian Charles Rosenberg wrote, ''disease necessarily reflects and lays bare every aspect of the culture in which it occurs.''

Many historians would consider it premature to write the history of the HIV epidemic. After all, more than 34 million people are currently infected with HIV. Even today, with long-standing public health campaigns and highly active antiretroviral therapy (HAART), HIV remains a major contributor to the burden of disease in many countries. As Piot and Quinn indicate in this issue of the Journal (pages 2210–2218), combating the epidemic remains a test of our expanding knowledge and vigilance.

Nonetheless, the progress made in addressing this pandemic and its effects on science, medicine, and public health have been far-reaching. The changes wrought by HIV have not only affected the course of the epidemic: they have had powerful effects on research and science, clinical practices, and broader policy. AIDS has reshaped conventional wisdoms in public health, research practice, cultural attitudes, and social behaviors. Most notably, the AIDS epidemic has provided the foundation for a revolution that upended traditional approaches to ''international health,'' replacing them with innovative global approaches to disease. Indeed, the HIV epidemic and the responses it generated have been crucial forces in ''inventing'' the new ''global health.''

This epidemic disrupted the traditional boundaries between public health and clinical medicine, especially the divide between disease prevention and treatment. In the 1980s, before the advent of antiretroviral therapies, public health officials focused on controlling social and behavioral risk factors; prevention was seen as the only hope. But new treatments have eroded this distinction and the historical divide between public health and clinical care. Clinical trials have shown that early treatment benefits infected patients not only by dramatically extending life expectancy, but by significantly reducing the risk of transmission to their uninfected sexual partners. Essential medicines benefit both patients and populations, providing a critical tool for reducing fundamental health disparities. This insight has encouraged the integration of approaches to prevention and treatment, in addition to behavioral change and adherence.

The rapid development of effective antiretroviral treatments, in turn, could not have occurred without new forms of disease advocacy and activism. Previous disease activism, for example, had established important campaigns supporting tuberculosis control, cancer research, and the rights of patients with mental illness. But AIDS activists explicitly crossed a vast chasm of expertise. They went to Food and Drug Administration meetings and events steeped in the often-arcane science of HIV, prepared to offer concrete proposals to speed research, reformulate trials, and accelerate regulatory processes. This approach went well beyond the traditional bioethical formulations of autonomy and consent, As many clinicians and scientists acknowledged, AIDS activists, including many people with AIDS, served as collaborators and colleagues rather than constituents and subjects, changing the trajectory of research and treatment. These new models of disease activism, enshrined in the Denver Principles (1983), which demanded involvement ''at every level of decision-making,'' have spurred new strategies among many activists focused on other diseases. By the early 2000s, AIDS activists had forged important transnational alliances and activities, establishing a critical aspect of the ''new'' global health.

Furthermore, HIV triggered important new commitments in the funding of health care, particularly in developing countries. With the advent of HAART and widening recognition of HIV's potential effect on the fragile progress of development in resource-poor settings, HIV spurred substantial increases in funding from sources such as the World Bank. The growing concern in the United Nations and elsewhere that the epidemic posed an important risk to global ''security'' elicited new funding from donor countries, ultimately resulting in the establishment of the Global Fund to Fight AIDS, Tuberculosis, and Malaria. In 2003, it was joined by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), which, with bipartisan support, initially pledged $15 billion over 5 years. Since PEPFAR's inception, Congress has allocated more than $46 billion for treatment, infrastructure, and partnerships that have contributed to a 25% reduction in new infections in sub-Saharan Africa.

HIV has also attracted remarkable levels of private philanthropy, most notably from the Bill and Melinda Gates Foundation. HIV funding led to new public private partnerships that have become a model for funding of scientific investigation, global health initiatives, and building of crucial health care delivery infrastructure in developing countries. These funding programs have fomented contentious debates about priorities, efficiency, allocation processes, and broader strategies for preventing and treating many diseases, especially in poorer countries. Nonetheless, they offered new approaches to identifying critical resources and evaluating their effect on the burden of disease. The success of future efforts will depend on maintaining and expanding essential funding during a period of global economic recession, as well as new strategies for evaluating the efficacy of varied interventions.

AIDS also spurred another related debate that continues to roil global health about the cost of essential medicines. Accessibility of effective and preventive treatments has relied on the availability of reduced-cost drugs and their generic equivalents. A recent decision by the Indian Supreme Court upheld India's right to produce inexpensive generics, despite the multinational pharmaceutical industry's claims for stronger recognition of patents.

Another central aspect of the new activism was an insistence that the AIDS epidemic demanded the recognition of basic human rights. Early on, lawyers, bioethicists, and policymakers debated the conditions under which traditional civil liberties could be abrogated to protect the public from the threat of infection. Such formulations reflected traditional approaches to public health and the ''police powers'' of the state, including mandatory testing, isolation, detention, and quarantine. Given the stigma attached to HIV infection at the time, as well as ungrounded fears of casual transmission, affected people often suffered the double jeopardy of disease and discrimination. As a result, Jonathan Mann, the first director of the World Health Organization's Global Program on AIDS, explained, ''To the extent that we exclude AIDS infected persons from society, we endanger society, while to the extent that we maintain AIDS infected persons within society, we protect society. This is the message of realism and of tolerance.'' Mann argued that HIV could never be successfully addressed if impositions on human rights led people to hide their infections rather than seek testing and treatment. Only policy approaches that recognized and protected human rights (including the rights to treatment and care, gender equality, and education) would permit successful clinical and population-based interventions.

These complementary innovations are at the core of what we now call ''global health'' which has demonstrated its capacity to be far more integrative than traditional notions of international health. It draws together scientists, clinicians, public health officials, researchers, and patients, while relying on new sources of funding, expertise, and advocacy. This new formulation is distinct, first of all, in that it recognizes the essential supranational character of problems of disease and their amelioration and the fact that no individual country can adequately address diseases in the face of the movement of people, trade, microbes, and risks. Second, it focuses on deeper knowledge of the burden of disease to identify key health disparities and develop strategies for their reduction. Third, it recognizes that people affected by disease have a crucial role in the discovery and advocacy of new modes of treatment and prevention and their equitable access. Finally, it is based on ethical and moral values that recognize that equity and rights are central to the larger goals of preventing and treating diseases worldwide.

For more than the past decade, major academic medical centers, schools of public health, and universities have created global health programs and related institutes for multidisciplinary research and education. Thus, the institutionalization of this formulation is not only affecting services worldwide, but also changing the training of physicians, other health professionals, and students of public health. When the history of the HIV epidemic is eventually written, it will be important to recognize that without this epidemic there would be no global health movement as we know it today.

HONORING MRS. JOSEPHINE TILLMAN SINGLETON

HON. BENNIE G. THOMPSON

OF MISSISSIPPI

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 18, 2013

Mr. THOMPSON of Mississippi. Mr. Speaker, I rise today to honor a remarkable civil servant and extraordinary educator, Mrs. Josephine Tillman Singleton. Her service to education and the community spans over 35 years.

Mrs. Josphine Tillman Singleton was born October 1, 1940 to Mr. Earnest and Mrs.

Parthinia Salone. Under the care and love of her grandparents, Mr. Spencer Graham and Mrs. Mary Tillman. Mrs. Singleton grew up in the St. Thomas community in Hinds County, Mississippi. She received a formal education at St. Thomas Elementary and Sumner Hill High Schools. She matriculated at Utica Junior College in Utica, Mississippi and later furthered her studies at Jackson State University. For all who know her, Mrs. Singleton is a true champion for early childhood education and her professional career speaks volumes of the works and contributions she has made on behalf of preschool aged children and individuals in her community.

In 1965, Mrs. Singleton began her career in early childhood education by becoming a volunteer at St. Thomas Elementary School. In June 1966, the federally funded Headstart programs were initiated in the St. Thomas community, allowing Mrs. Singleton to become an official teacher at the school. During her years as an educator, Mrs. Singleton was well known for her motherly, nurturing spirit and her love and willingness to help others. Her exceptional work as an educator granted her the opportunity to become the first appointed Center Administrator in the Hinds County Headstart System. She continued in that position until September 2004, distinguishing her as the oldest operating Center Administrator. During her tenure, she also served as the first officiating president for the district Association of Center Administrators for Hinds County Human Resource Agency (HCHRA).

Her influence in the community not only touched the children she educated, but also the parents and numerous close-knit community organizations. Her devotion to positive outreach inspired at least 20 parents of the St. Thomas community to ultimately serve as presidents of the HCHRA Policy Council. Mrs. Singleton was an integral part of the 4–H Club, which emphasized horticulture and other subject areas. The organization participated yearly in events on a state and national scale.

In order to help parents seeking a better future for themselves and their families, Mrs. Singleton used her influence as a board member for General Education Development (GED) with the Clinton Public School district by arranging class schedules held at the St. Thomas Headstart Center. She also assisted adolescents with employment opportunities through her coordinated efforts with the Neighborhood Youth Challenge.

Mrs. Singleton was instrumentally involved in various political campaigns. Her innumerable connections within the community were a tremendous asset to those seeking public office in and around Bolton, Clinton, Edwards, and Raymond, Mississippi. Her outreach efforts are also marked by her participation in the annual Christmas Cheer drive, which is geared towards delivering food items and holiday cheer to those who are homebound and elderly. She also served as president of numerous community outreach organizations, such as the Kitchen Ministry, the Neighborhood Watch, and the St. Thomas Recreation Association.

Currently, Mrs. Singleton enjoys her days spending time with her husband, Mr. Johnny Singleton, Sr., with whom she has been married to for almost 50 years, her five children: Perry, Cathedral, Johnny, Jr., Shauna, and Shantae; and her grandchildren. She is a lifelong member of the St. Thomas Missionary Baptist Church, where she serves as Sunday school teacher.

Mr. Speaker, I ask my colleagues to join me in recognizing Mrs. Josephine Tillman Singleton for her dedication and service as a respected educator and her commendable contributions made to early childhood education and the St. Thomas community.

PERSONAL EXPLANATION

HON. AUSTIN SCOTT

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 18, 2013

Mr. AUSTIN SCOTT of Georgia. Mr. Speaker, on rollcall No. 245, I was at a funeral.

Had I been present, I would have voted "yea."

RECOGNITION OF THE TERRENCE M. RYAN AGRICULTURAL CENTER

HON. MARCIA L. FUDGE

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 18, 2013

Ms. FUDGE. Mr. Speaker, on behalf of the citizens of the Eleventh District of Ohio, I am pleased to recognize the opening of the Terrence M. Ryan Agricultural Center on June 14, 2013. Congratulations to all of the partners for their vision and determination in making this wonderful facility a reality.

As a strong supporter of Cleveland Crops and its initiative to build an agricultural center in Cleveland, Ohio, I am pleased by the overwhelming community support and the relationships and partnerships that grew out of this project. The opening of the Terrence M. Ryan Agricultural Center speaks to the importance of reforming our local food system, and I am pleased to be a part of these efforts.

I congratulate Cleveland Crops and the Cuyahoga County Board of Developmental Disabilities on the success of the opening of the Terrence M. Ryan Agricultural Center and the positive impact it will have on our community.

I am proud to support the constituents of the Eleventh District of Ohio and am a vigorous supporter of our thriving urban agricultural community.

PERSONAL EXPLANATION

HON. ANN M. KUSTER

OF NEW HAMPSHIRE

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 18, 2013

Ms. KUSTER. Mr. Speaker, on June 14, 2013, I missed the following Rollcall vote: number 237 for the Smith of Washington Part B Amendment No. 20 to H.R. 1960. Had I voted, I would have voted "aye" on this Rollcall vote.

HONORING MR. LOUIS DRUMMOND ON THE OCCASION OF HIS RETIREMENT FROM THE LIBRARY OF CONGRESS

HON. GREGG HARPER

OF MISSISSIPPI

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 18, 2013

Mr. HARPER. Mr. Speaker, I wish to commend Mr. Louis Drummond for his 30 years of exemplary service to the United States Congress. Mr. Drummond has been an invaluable member of the Congressional Research Service (CRS) most notably while developing, supporting and maintaining the Legislative Information System (LIS), a vital legislative branch partnership. The Congress, the Library of Congress and the public have greatly benefited from his outstanding work.

Mr. Drummond came to the Library of Congress from library school in June 1983 for the nine-month Library of Congress Intern Program. After the Intern Program, he worked as a reference librarian in the Main Reading Room for two years. Due to his interest in automation and his work on the new optical disk program, he then moved to CRS.

His career at CRS has been notable for innovation, responsiveness to the needs of Congress, and his willingness to share his extensive knowledge with others. He was a leader in the introduction of the Internet into the services of the Library. He coordinated the planning, policy and development of CRS's first home page as well as the Library's first website. Mr. Drummond was a critical player in the Library's ability to adapt, master, and eventually take an international leadership role in the Internet. Other accomplishments include the development and support of SCORPIO, a 1970's mainframe program that retrieved legislative and public policy information, and MARVEL, the Library's first Internet Gopher system.

Mr. Drummond's devotion to the needs of congressional users for legislative information has defined his career. In 1996, Congress directed CRS to coordinate the creation of a single integrated legislative retrieval system (the LIS) that would serve the House, the Senate, and other congressional agencies. Mr. Drummond took responsibility for that directive and not only coordinated the development of the system, but also ensured that over the years it met the needs of the user community. Finally, he participated in the Legislative Branch XML Working Group which has been charged with improving the availability and exchange of legislative data amongst agencies and the public by publishing it in XML format.

On behalf of the entire congressional community, we extend congratulations to Mr. Louis Drummond for his many years of dedication, outstanding contributions, and service to the Congress and we wish him the very best in his retirement.